RI SOS Filing Number: 202576974820 Date: 7/15/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

| 25,20 | |
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| LC'D RIDOS BSD JUL 15 AK11:56:01 | |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|-------------------------|-----------------|--|
| 001667044 | Rosc Ca | ort LLC | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | |
| 531311 | Real Estate / Investment of MANagement. | | | |
| 5. State of Formation | , , - | | o | |
| KI | | | | |
| 6. Principal Office Address | | City | State Zip | |
| 23 CAR | n uny | Wiscitiate | KI 07825 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Mom A S | Robi Yni 1/6 | Contact Title AGen — M | ma con | |
| Street Address 23 (Who | nun | 10,50 Link | State Zip CJ857 | |
| 8. The Resident Agent information currently of/record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | |
| Name of Authorized Person NomAs Bohitai | | Date 7/15/25 | | |
| Signature of Authorized Person | | | | |

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov